State of Alaska Department of Health and Social Services Division of Public Assistance

FOOD STAMP BUDGET WORK SHEET

For Households with Elderly (60 or Over) or Disabled Member

PART I: Find Net Income

	Case Number (Optional)	_						
	Case Name (Optional)							
A.	Household Size							
B.	Gross Monthly Earned Income							
C.	Subtract Earned Income Deduction (20% of Earned Income) (B ÷ 5)			(C)				
D.	Net Monthly Earned Income (B - C)	= _		(D)				
E.	Add Other Unearned Income (SSI, Social Security, Pensions, TA, GA, UIB etc.) + _		(E)				
F.	Subtotal Monthly Income (D + E)	= _		(F)				
G.	Subtract Standard Deduction (\$229 for HH of 5 or less, \$239 for HH > 5)			(G)				
H.	Subtotal (F - G)	= _		(H)				
l.	Subtract Medical Costs over \$35 (Total medical cost - \$35)			(I)				
J.	Subtotal (H – I)	= _		(J)				
K. L.	Subtract Dependent Care Costs (\$175/\$200) per dependent maximum) Subtract Child Support Deduction (Actual amount expected to be paid)			(K) (L)				
M.	TOTAL ADJUSTED INCOME [J - (K + L)]	= _		(M)				
	FIND MONTHLY SHELTER COSTS: 1. Rent/Mortgage 2. Insurance on Home 3. Property Tax 4. Garbage Collection 5. Heating Fuel 6. Telephone 7. Electricity 8. Water 9. Sewer (a) Subtotal 1 thru 3 If household incurs heating fuel cost, use and the cost incur heating fuel cost incur heating fuel cost. Non-heating utility standard (NHUS) for the cost incur heating fuel cost. (b) Subtotal SUD or total 4, 6, 7, 8, 9	SUD. <u>osts</u> , use 5 – 9.						
N.	TOTAL MONTHLY SHELTER COSTS (a + b)	= _		(N)				
Ο.	Subtract ½ OF Total Adjusted Income (M ÷ 2)			(O)				
P.	Excess Shelter Costs (N – O)	= _		(P)				
	Enter Total Adjusted Income (M)	_		(M)				
	Subtract Excess Shelter Costs (P)			(P)				
Q	MONTHLY NET INCOME (M - P)	= _		(Q)				

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R. Compare MONTHLY NET INCOME (Q) to chart.
If prospective net income exceeds the amount on the chart, the household is ineligible.

Household Size	1	2	3	4	5	6	7	8	+1
Maximum Net Income									

PART II: Find food Stamp Benefit Amount

S.		Find MAXIMU	M FOOD S	TAMP ALL	OTMENT f	rom chart l	below:			(S)
HH Size		1	2	3	4	5	6	7	8	+1
Maximum	Urba	an								
FS	Rura									
Allotment	Rura	al II					<u> </u>			
T.		Multiply the M ADJUSTED F				3 (Q x 0.3)) to find the			(T)
U.	Subtract the ADJUSTED FOOD STAMP INCOME (T) from the MAXIMUM FOOD STAMP ALLOTMENT (S) (S – T) = (I									
V.		Round down to						_		(V)
	W. If there are 3 or more household members, and (V) is \$1, \$3, or \$5, Round up to \$2, \$4, or \$6									(W)
	X. If there are 1 or 2 household members, and (V) is less than \$10, round up to \$10. If the ADJUSTED FOOD STAMP INCOME (T) is greater than the MAXIMUM FOOD STAMP ALLOTMENT (S), the allotment is \$10.								(X)	
Υ.		MONTHLY FO (Enter (V), or				Γ:				(Y)
ı	PAR	ΓIII: Pro-ra	ate the F	irst Mor	nth Foo	d Stamp	Benefit			
1)	Numb	er of days in m	onth + 1							(1)
2)	Subtract the day of the month the household applied –									(2)
3)	Subtotal (1 – 2) =								(3)	
4)	Divide by number of days in month (28 or 29 or 30 or 31) ÷									(4)
5)	Subtotal (3 ÷ 4) =									(5)
6)	Multiply by the MONTHLY FOOD STAMP BENEFIT AMOUNT (5 x Y) x									(6)
7)	Unrounded food stamp benefit amount =								(7)	
8)	Round down to the next whole dollar to find the FOOD STAMP BENEFIT AMOUNT. If rounded amount is less than \$10, household gets no allotment for first month.)									(8)